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07/02/2004

Gerald F. Swiss
Foley & Lardner LLP
Three Palo Alto Square
3000 El Camino Real, Suite 100
Palo Alto, CA 94306-2121



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for Express Mail, Label No. EV 532153908 US, in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<u>Rene Campos</u>	(Depositor's name)
<u>[Signature]</u>	(Signature)
<u>8-26-04</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/541,033	03/31/2000	Richard G. Miller	35828-0079	3667

TITLE OF INVENTION: COMBINATION THERAPY FOR AUTOIMMUNE AND ALLOIMMUNE DISEASES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	10/04/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NOLAN, PATRICK J	1644	424-529000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Foley & Lardner LLP
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Vasogen Ireland Limited

Shannon, County Clare, IRELAND

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee
☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed.
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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Gerald F. Swiss (Date) 8-26-04
Gerald F. Swiss, Reg. No. 30,113

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.**

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09/30/2004 SDIRET2 00000013 03541033

01 FC:2501
02 FC:8001

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TRANSMIT THIS FORM WITH FEE(S)



Atty. Dkt. No. 355908-1050

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richard G. MILLER and Brian
RABINOVICH

Title: COMBINATION THERAPY FOR
AUTOIMMUNE AND
ALLOIMMUNE DISEASES

Appl. No.: 09/541,033

Filing Date: March 31, 2000

Examiner: P. Nolan

Art Unit: 1644

CERTIFICATE OF EXPRESS MAILING	
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EV 532153908 US	8-26-04
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Rene Campos	
(Printed Name)	
(Signature)	

ISSUE FEE TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed herewith please find Issue Fee Transmittal Form PTOL-85(B) along with a check in the amount of \$695.00 for payment of the Issue Fee and ten additional copies of the issued utility patent.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.18, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 8-26-04

By Gerald F. Swiss

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